

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| umils |
| Office Use Only |



04/25/24--00017--019 *01575.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Khalil Ventures of Tallahassee South L | LC | | <u>l</u> |
|---|---|--|---|
| (Name of the Limited Liabil (A Florid | lity Company as it now appears la Limited Liability Company) | on our records. | |
| The Articles of Organization for this Limited Liability | Company were filed on | 3/29/2023 | and assigned |
| Florida document number <u>L23000158109</u> | <u>.</u> | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | nited liability company her | 🖭 FFG Tallahas | ee South, LLC |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the de | signation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD. | RESS) | | |
| | | | |
| | | | 2024 AP |
| Enter new mailing address, if applicable: | | | A TH |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 2 |
| | | | |
| | | | - ment |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | ed office address on our re | cords, <u>enter the n</u> | 0 |
| | | | cs. |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | <u> </u> |
| | Enter Florid | la street address | |
| . | | Florida | r - |
| | City | | Zıp Code |
| New Registered Agent's Signature, if changing Registered | ed Agent: | | |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change. | complete performance of n igent as provided for in Cl ed office address, I hereby | ny duties, and I a napter 605, F.S. (| n familiar with and r, if this document is |
| | If Chamina Dalistand An- | | Desistant Land |
| | If Changing Registered Age | nr zignature of New | ikegisterea Agent |

Page 1 of 3

| If amending As or removed fro | of each person being added | | |
|----------------------------------|----------------------------|-------------|----------------|
| MGR = Man AMBR = Auth | | | |
| <u>Title</u> | Name | Address | Type of Action |
| | | | . □Add |
| | | | ☐ □Remove |
| | | | ☐Change |
| | | | □Add |
| | | | Remove |
| | | | ☐ Change |
| | | | . □Add |
| | | | |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐Change |

Page 2 of 3

| D. If amending any other informa | tion, enter change(s) here: (Attach additional sheets, if neces | sary.) |
|--|---|--|
| | | <u> </u> |
| | | |
| | | |
| | | |
| | | |
| <u> </u> | | |
| | | |
| | | <u> </u> |
| | | |
| | | |
| | | |
| | | |
| | | 1 |
| | | <u> </u> |
| | | |
| | | |
| | | |
| | | li |
| | | <u> </u> |
| E. Effective date, if other than the | data of Glings (04/18/2024 | |
| (If an effective date is listed, the date mus | at be specific and cannot be prior to date of filing or more than 90 days after fi ock does not meet the applicable statutory filing requirements, this of | ling.) Pursuant to 605.0207 (3)(b |
| f the record specifies a delayed b) The 90th day after the reco | d effective date, but not an effective time, at 12:01 a. ord is filed. | m. on the earlier of: |
| Dated | 2024 | |
| Dated | | |
| | TIME - | |
| | Signature of a member or authorized representative of a member | |
| Mohamed Khalil | | |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00